STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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as required by SDCL § 17-2-2.5

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Corson/Sioux County News-Messenger		2. DATE: 10-23-2015
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $ 38.00
4. COMPLETE PHYSICAL ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 202 1st Ave W, McLaughlin, Corson County, South Dakota 57642		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 92, McLaughiln, Corson County, South Dakota 57642-0092		
6. FULL NAME OF PUBLISHER: Corson News, LLC		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: See Back	COMPLETE MAILING ADDRESS	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1000	1000
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	200	200
2. Mail Subscription (Paid and or requested)	600	536
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	800	736
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	50	50
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	0	0
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	150	214
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Editor
(Title)

State of South Dakota)
§
County of Corson)

Sworn to before me this 9th day of Nov., 2015

Notary Public

(Seal)

My commission expires: 4-14-21

Form: SOS REC 051 3/2015